

Print legibly please

	Yes	No	Total number of times Drug used in you life	<u>Your age</u> when drug last used	Date you last used this drug
1. Crack					
2. Cocaine (rock, girl)					
3. Heroin (boy, smack)					
4. Methamphetamines (meth, ice, crank, crystal)					
5. Amphetamines (speed, white cross, black beauty)					
6. LSD (acid)					
7. Designer Drugs (MDMA, Ecstasy, etc.)					
8 PCP (angel dust, sherm, water)					
9. Other Hallucinogens (mushrooms, mescaline, etc.)					
10. Hashish					
11. Morphine					
12. Opium					
13. Prescription Drugs not prescribed to you					
14. Anabolic Steroids					
15. Inhaled Solvents					
16. Dilaudid					
17. Marijuana (grass, weed, ganja)					
18. Others: Indicate					

PRINT NAME: _____ DATE OF BIRTH: _____
LAST FIRST MIDDLE

19. Have you ever sold or traded drugs? Yes ____ No ____

20. Have you ever supplied or given illegal drugs to anyone? Yes ____ No ____

21. Have you ever manufactured an illegal drug or been in the presence
Of any one manufacturing an illegal drug? Yes ____ No ____

22. Have you ever been arrested for a drug related incident? Yes ____ No ____

23. Have you ever lived with anyone who use, sold, traded or
Distributed illegal drugs? Yes ____ No ____

If you answered 'YES' to any of the above, please provide more detailed information such as including dates/years, circumstances, amounts, cash/street value, law enforcement capacity and any other information that you have. You may use additional sheets if necessary.

PLEASE READ CAREFULLY

I hereby certify that there are no material misrepresentations or falsifications of the above answers to questions. Should any part of my background investigation disclose such material misrepresentations or falsification, I understand that my application will be rejected and I will be disqualified from any position in the service of the Kansas City, Missouri Police Department.

SIGNATURE: _____ DATE: _____

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